

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICATION NO.

FILING DATE

09/868300

CLAIMS

X	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			16			
TOTAL P.		57				
TOTAL AIMS		63				

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		IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL P.					
TOTAL AIMS					
TOTAL CLAIMS					